

**E-1. EMS INTERVIEW**

Infant's last name

First name

**1 Was 911 called when the infant was found unresponsive?**☐ Yes ☐ No → **STOP****2 Information about the person who called 911:**

First name

Last name

Relationship to the infant

e.g., Jane Smith, sister

**3 On what day and at what approximate time did EMS arrive at the scene?**

Month

Day

Year

at

Military time

**4 Where was the infant when EMS arrived at the scene? (e.g., crib, arms of caregiver)****5 What was the infant's position when EMS arrived at scene?**☐ Sitting☐ On back☐ On side☐ On stomach☐ Arms of caregiver☐ Unknown☐ Other

Specify

**6 What was the position of infant's face when EMS arrived at scene?**☐ To left☐ To right☐ Face down☐ Face up

Please, describe:

**7 What was the position of the infant's neck?**☐ Hyperextended (*head back*)☐ Flexed (*chin to chest*)☐ Normal☐ Unknown☐ Other → Specify**8 What did the infant look like when EMS arrived at the scene? (check all that apply)**

No

Yes

Specify

a) Coloring around the face, nose, and mouth

b) Secretions coming from nose or mouth

c) Skin discoloration (*such as livor mortis, specify*)

d) Pale areas around nose or mouth

e) Petechiae (*small reddish blood spots on skin, membranes or eyes*)

f) Notable trauma

g) Other

h) Unknown

**9 What did the infant feel like when EMS arrived at the scene?**☐ Sweaty☐ Warm to touch☐ Cool to touch☐ Rigid, stiff☐ Limp, flexible☐ Unknown☐ Other

Specify

**10 How did EMS describe the temperature of the room where the infant was found unresponsive by the finder?**☐ Hot☐ Okay☐ Cold☐ Unknown☐ Other

Specify

**11 Did EMS personnel administer resuscitative efforts?**☐ Yes ☐ No → Skip to question **16** on next page**12 What emergency medical treatments were given? (check all that were done)**☐ CPR☐ IV/IO Access☐ Gastric Tube☐ Infant immobilized☐ Medications☐ Intubation☐ Electric shock☐ Other → Specify

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**13 List all emergency medications given to the infant:**

Name of medication	Dose	Route	Approx. time Military time
Medication 1.....			
Medication 2.....			
Medication 3.....			
Medication 4.....			
Medication 5.....			
Medication 6.....			
Medication 7.....			
More medications ..... List all additional medications			

**14 Describe the nature and duration of resuscitation efforts and treatments**

(Note any injuries sustained by infant in resuscitative efforts conducted by emergency personnel).

**Attach EMS run report/sheet.****15 At what date and approximate time were the resuscitative efforts terminated:**

/  /  at  :  :   
 Month Day Year Military time

☐ Not terminated by EMS
**16 What was the name of the authorizing medical control physician?**

First name  Last name

**17 Please describe the reaction of the caregiver(s) to the infant's death:****18 What was EMS's disposition of the infant?**
☐ Left at scene

☐ Transported to hospital → Specify  Hospital name and physician received the infant

☐ Other → Specify 
**19 Additional comments from the EMS personnel: (describe only concerns with scene or what happened)**
Section completed on  /  /  at  :  by Where/How